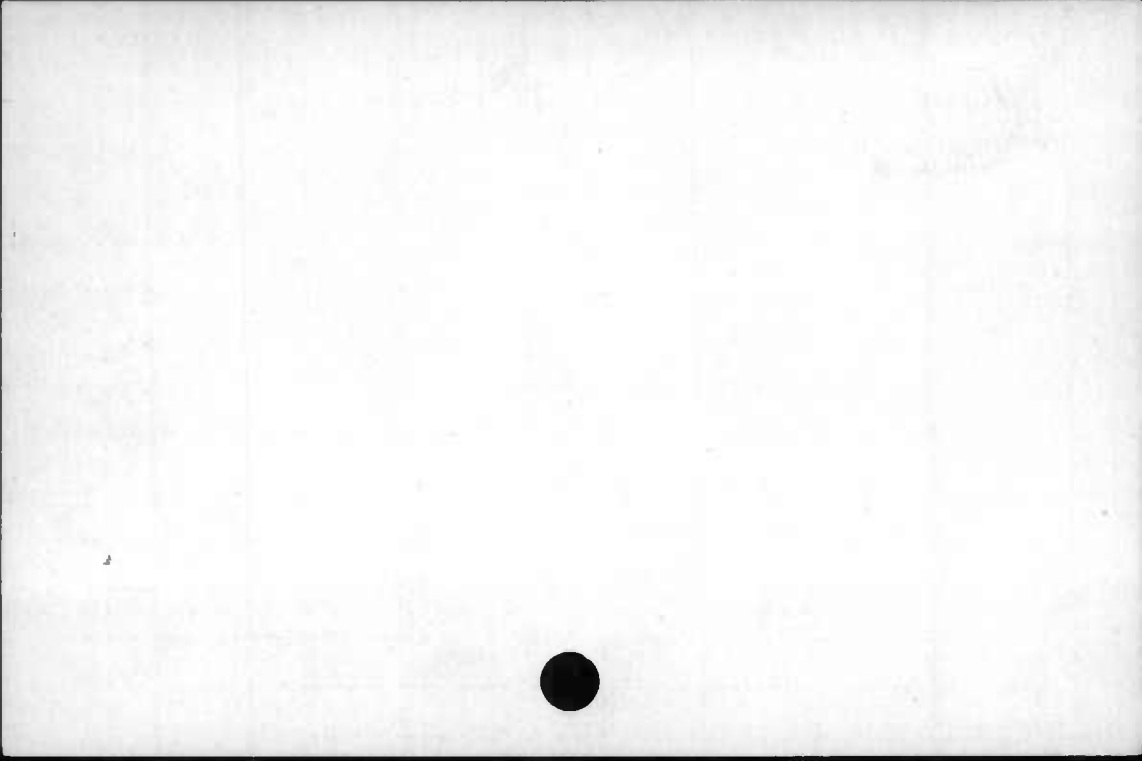


Name in Full		Ernest Brady				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Fulton		Howard.		MARYLAND	
	Date of death 1906	Month	Day	Age	Years	Months	Days
		Decr.	12	56			
	Sex	Male		Color or Race	White		
	Married, Single or Widowed	Married		Occupation	Merchant		
	Name of Wife or Husband	Annie Brady					
	Father's Name	Fredk. Brady				Father's Birthplace	Germany
Mother's Maiden Name	Ant Wilson				Mother's Birthplace	Ant Wilson	
Name of person giving information	Ernest Brady				How related to deceased	Son.	
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Toxemia				How long	2 hours.
	Immediate	Cardiac Failure				How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	N. M. L. Cressel.
	Address					Highland, Md.	
<div style="text-align: center;">Accident or Suicide?</div>							



Name

In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Highland</u> <sup>Town</sup>		<u>Howard</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1906</u>	Month	<u>Dec</u>	Day	<u>17</u>
Age		Years	<u>4</u>	Months	<u>4</u>
Sex	<u>Male</u>	Color	<u>Colored</u>	Birth-place	<u>Ind</u>
Occupation	<u>                    </u>		Where Residing if not at place of death <u>Highland</u>		
Married, Single or Widowed		Name of Wife or Husband <u>                    </u>			
Father's Name		<u>Wallen Carroll</u>		Father's Birthplace <u>Ind</u>	
Mother's Maiden Name		<u>Amelia Nelson</u>		Mother's Birthplace <u>Ind</u>	
Name of person giving information		<u>S. A. Nichols</u>		How related to deceased <u>Physician</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>6 days</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>S. A. Nichols</u>	
<u>Yes</u>		Address <u>Dayton Ind</u>	
Accident or Suicide?			



Name

In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Darlington</u> <sup>Town</sup>		<u>Howard</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1906</u>	Month	<u>Dec</u>	Day	<u>27</u>
Age	<u>5</u>		Years	<u>Ind</u>	
Sex	<u>Male</u>	Color or Race	<u>Black</u>	Birth-place	<u>Ind</u>
Occupation	<u>Where Residing if not at place of death</u>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>Boose Clark</u>			Father's Birthplace	<u>Ind</u>
Mother's Maiden Name	<u>Kate Nebron</u>			Mother's Birthplace	<u>Ind</u>
Name of person giving information	<u>S. A. Nebron</u>			How related to deceased	<u>oblique</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>2 weeks</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		<u>S. A. Nebron</u>	
		<u>Darlington Ind</u>	
Accident or Suicide?			



Name  
in  
Full

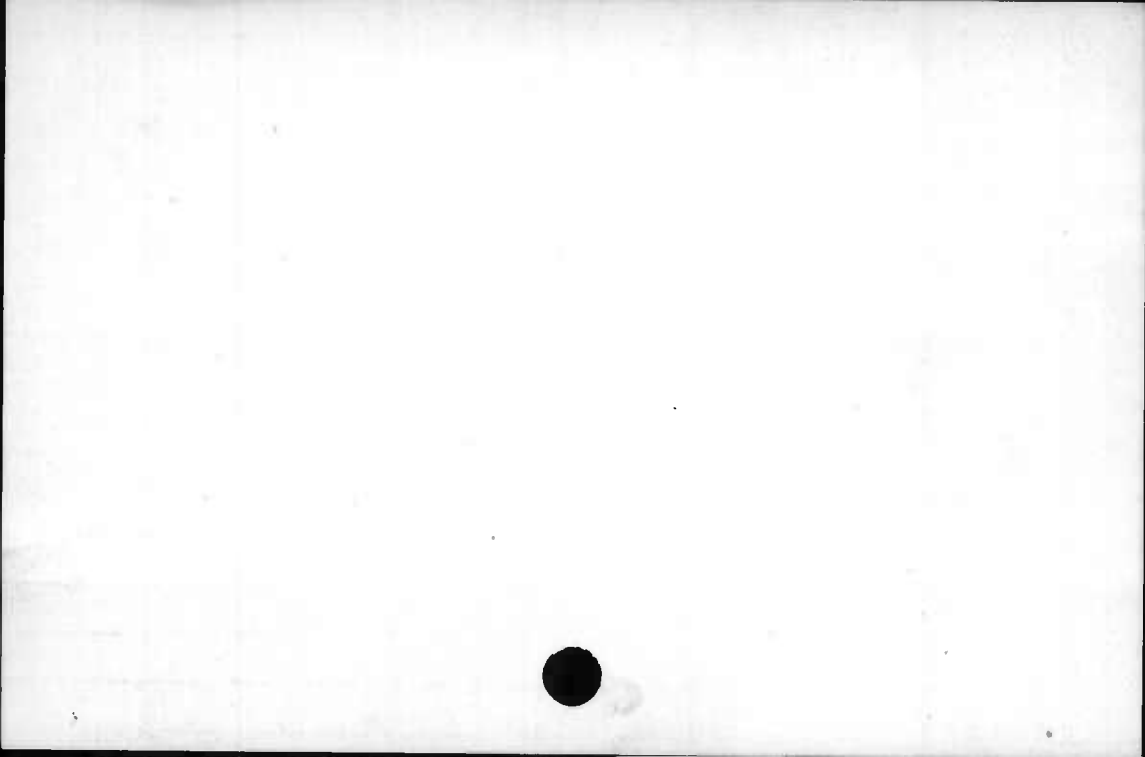
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pfeiffer's corner</i>		Town <i>Howard</i>		County <i>Bole</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>Dec</i>		Day <i>29</i>		Age <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>Pfeiffer's corner</i>		Years <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>—</i>	
Father's Name <i>William H Bole</i>		Mother's Maiden Name <i>Hannie K. Zeigler</i>		Name of person giving information <i>Wm H Bole</i>		How related to deceased <i>Farther</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary *Still born*How long *—*Immediate *—*How long *—*Are the name, age, sex, color, date and place correctly given above? *—*Signature of Physician *W. P. Dorrings*Address *Elliot City*Accident or Suicide? *—*





### CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Ellis City* <sup>Town</sup>

County  
Hauarad

## MARYLAND

Date of death	1906	Month	Dec	Day	18.
---------------	------	-------	-----	-----	-----

Age 6 Years

Months

Days

Sex Female

Color or Race White

Birth-place Maryland

Occupation \_\_\_\_\_

Where Residing if not  
at place of death

Ellicott City

Married, Single  
or WidowedName of Wife or  
Husband

Father's Name

Dead

Father's Birthplace

Mother's  
Maiden Name

Massie Dyson

Mother's Birthplace

Maryland

Name of person giving information

Thaggar Tyson

How related  
to deceased

Mother

### CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Pharyngitis + Laryngitis

How long

201

Immediate

Refers to the gods,

How long

Mr.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

W C Smith, M D

Address

Address Ellicott City  
Mo

### Accident or Suicide?



Name  
in  
Full

Wm A. Gaither

## CERTIFICATE OF DEATH

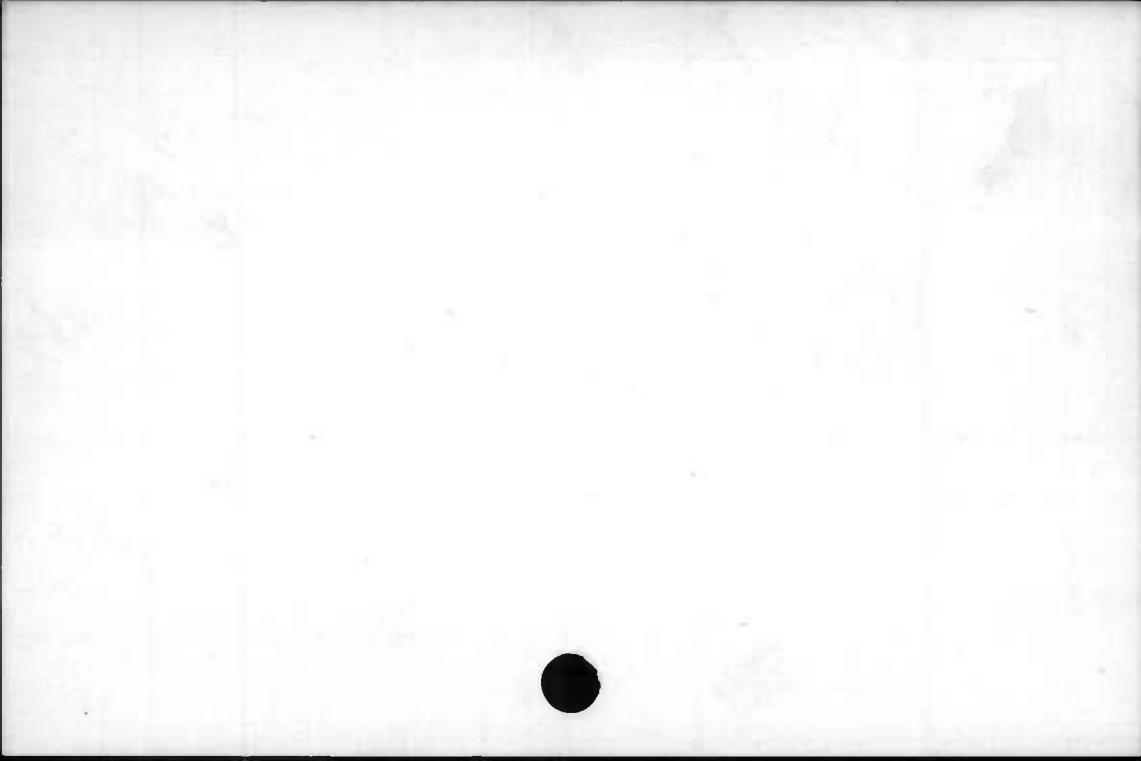
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		12	30			4	15
Sex	male	Color or Race	negro	Birth-place	Md		
Occupation	Infant		Where Residing if not at place of death		at home		
Married, Single or Widowed	single	Name of Wife or Husband					
Father's Name	Rodolphus Gaither				Father's Birthplace	Md	
Mother's Maiden Name	Leora Mack				Mother's Birthplace	Md	
Name of person giving information	Rodolphus Gaither				How related to deceased	father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bronchitis	How long	8 days
Immediate	Heart failure	How long	progressive
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E. W. Livingston M.D.
		Address	Savage
Accident or Suicide?	no		Md



Name  
in  
Full

*Still Born Child Hines*

CERTIFICATE OF DEATH

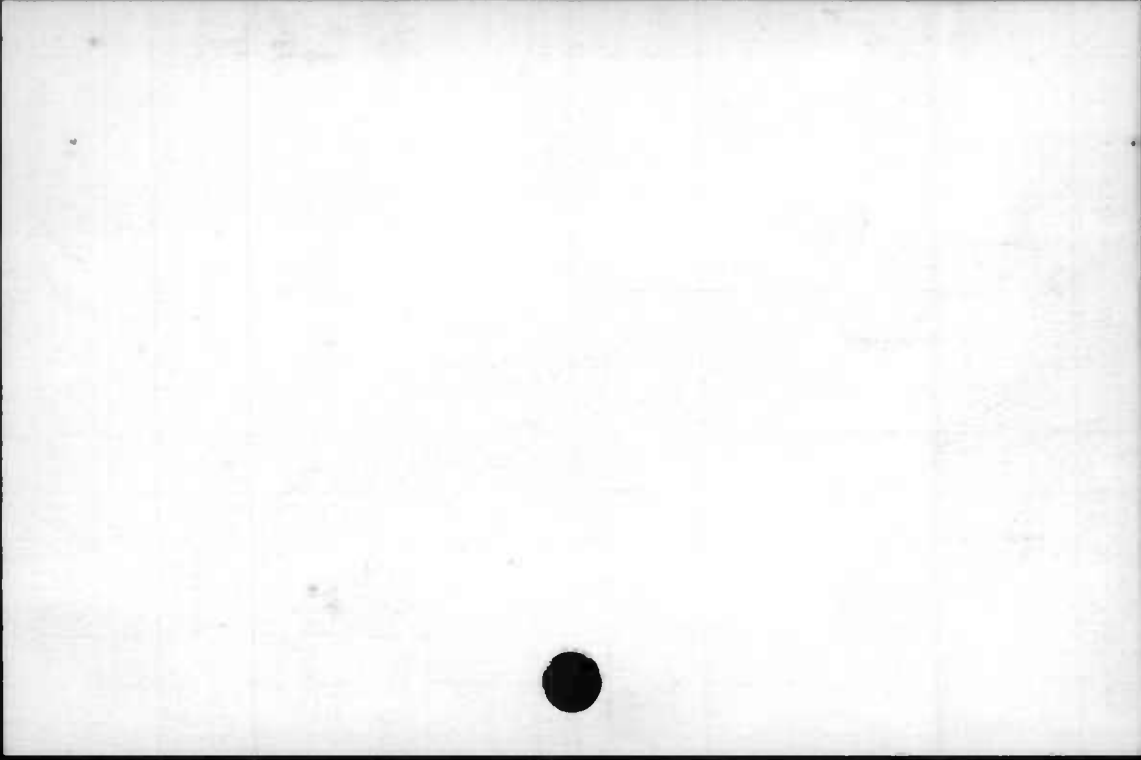
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Scaggsville</i> <small>Town</small>		<i>Howard</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>12</i> <small>Month</small>	<i>6</i> <small>Day</small>	<i>6</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>J. H. Hines</i>		Father's Birthplace <i>Howard Co</i>			
Mother's Maiden Name <i>Mary E. Murphy</i>		Mother's Birthplace <i>Howard Co</i>			
Name of person giving information <i>J. H. Hines</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Still born</i>	How long <i>4 days before birth</i>
Immediate	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. P. Dupont</i>
	Address <i>Laurel Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Jedie Keeney

## CERTIFICATE OF DEATH

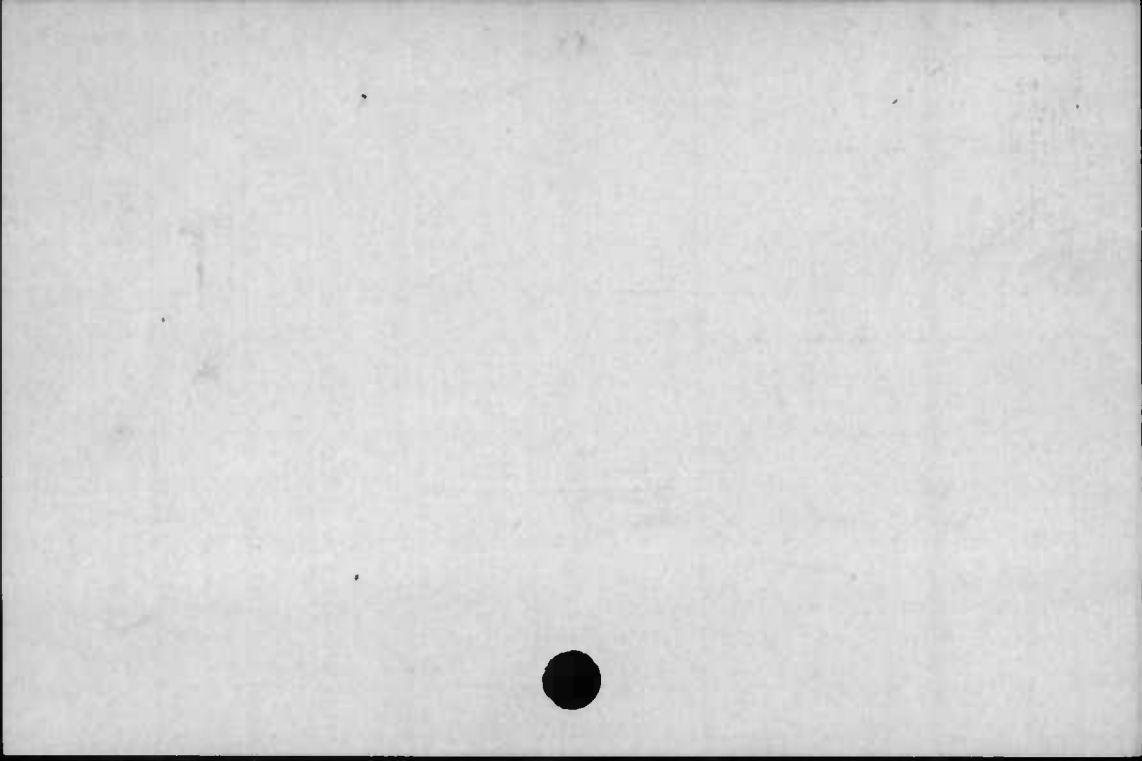
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Gnifford		County Howard		MARYLAND	
Date of death	1906	Month 12	Day 16	Age Years	8	Months	4
Sex	Female	Color or Race	white	Birth- place	Md		
Occupation	Infant	Where Residing if not at place of death		Gnifford			
Married, Single or Widowed	single	Name of Wife or Husband					
Father's Name	James Albert Keeney				Father's Birthplace	Md	
Mother's Maiden Name	Emma Boston				Mother's Birthplace	Md	
Name of person giving Information	Emma Keeney				How related to deceased	mother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Whooping cough	How long	3 weeks
Immediate	Conquering lungs & brain	How long	6 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. H. H. H. H. M.D.
		Address	Savage
Accident or Suicide?	no		Md





Name  
in  
Full

## CERTIFICATE OF DEATH

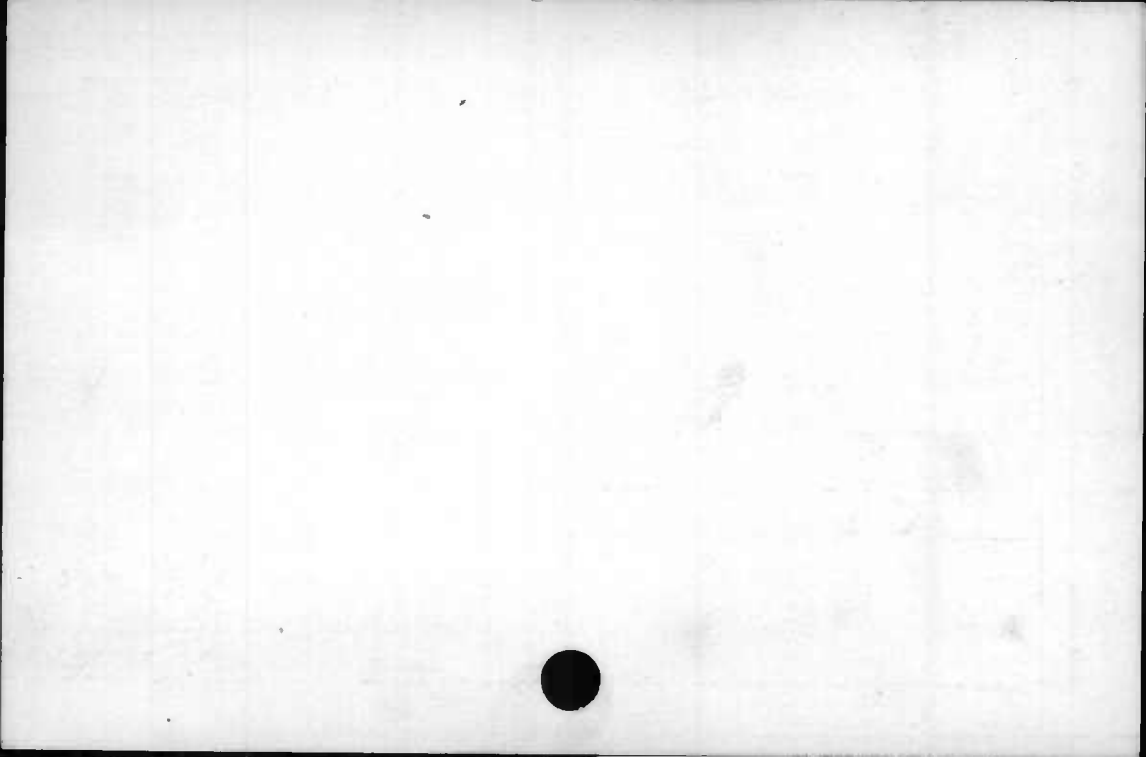
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John J. Keys</i>		Town <i>Jessups</i>		County <i>Howard</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1906 Dec 25</i>		<i>44</i>		<i>7</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i>Blacksmith</i>		Where Residing If not at place of death <i>Jessups</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Groger Anna Keys</i>					
Father's Name <i>Peter Keys</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Mary Lewis</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Annie Keys</i>		How related to deceased <i>Sister-in-law</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>6 mos</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Pyerney</i>
	Address <i>Land... Ind</i>
Accident or Suicide?	



Name  
in  
Full

Mary J. Kyne

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Eek Ridge</i>		Town <i>Howard</i>		County		MARYLAND					
Date of death	<i>1906</i>	Month	<i>Dec.</i>	Day	<i>11</i>	Years	<i>50</i>	Months		Days	
Sex	<i>Female</i>		Color or Race	<i>White</i>			Birth-place	<i>Maryland</i>			
Occupation	<i>House hold duties</i>				Where Residing if not at place of death				<i>—</i>		
<del>Married</del> , Single or <del>Widowed</del>				Name of Wife or Husband			<i>—</i>				
Father's Name	<i>Peter Kyne</i>						Father's Birthplace	<i>Ireland</i>			
Mother's Maiden Name	<i>Bridget Curran</i>						Mother's Birthplace	<i>Ireland</i>			
Name of person giving information	<i>Julia Kyne</i>						How related to deceased	<i>Sister</i>			

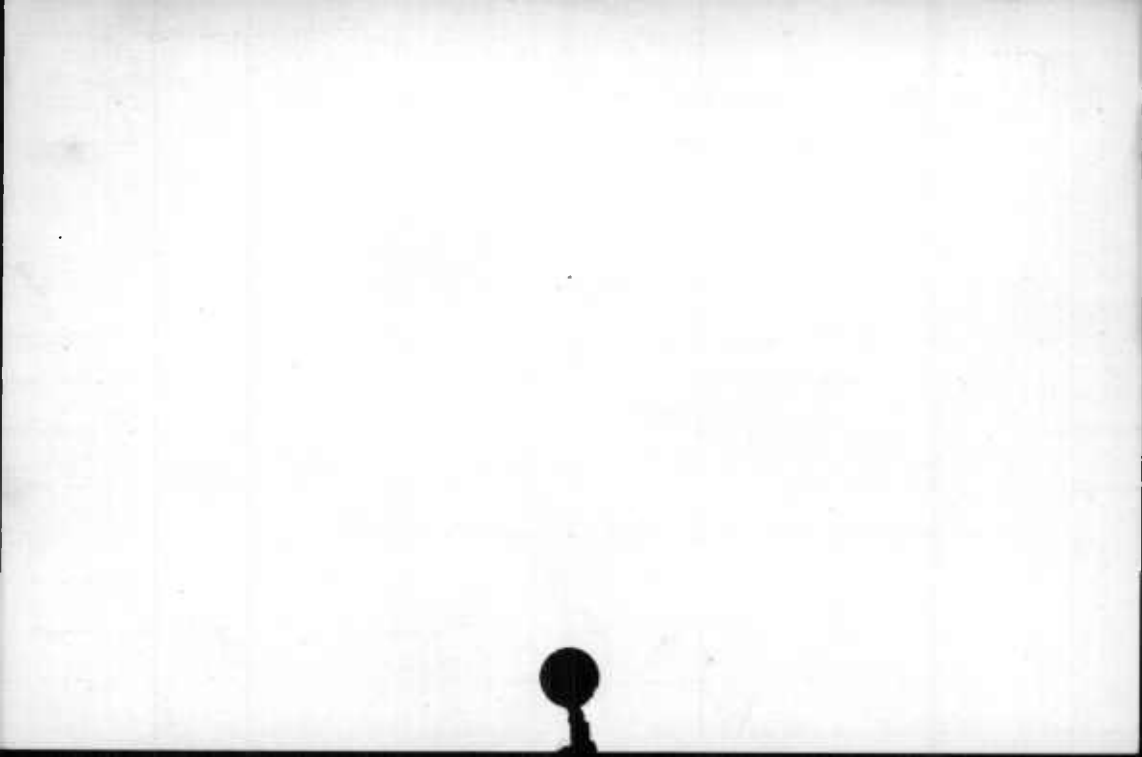
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Aortic Insufficiency</i>	How long	<i>Several years</i>
Immediate	<i>Acute dilatation</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Wm. R. Eareckson</i>
		Address	<i>Eek Ridge, Md</i>
Accident or Suicide?	<i>—</i>		

Martin Fahy & Sons  
St. Augustine, Fla. -

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Laurel</i>		County <i>Howard Co.</i>		MARYLAND
	Date of death <i>1906</i>	Month <i>12</i>	Day <i>20</i>	Age <i>63</i>	Months <i>—</i> Days <i>—</i>
	Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md</i>	
	Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>married</i>	Name of Wife or <del>Husband</del> <i>Martha Lett</i>			
	Father's Name <i>John C. Lett</i>		Father's Birthplace <i>md</i>		
	Mother's Maiden Name <i>Margaret Drees</i>		Mother's Birthplace <i>md</i>		
TO BE ANSWERED BY PHYSICIAN OR CORONER	Name of person giving information <i>John Lett</i>		How related to deceased <i>Brother</i>		
	CAUSES OF DEATH				
TO BE ANSWERED BY PHYSICIAN OR CORONER	Primary	<i>Valvular Heart disease</i>		How long	<i>2 years</i>
	Immediate	<i>Asthma</i>		How long	<i>2 days</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. F. Taylor</i>		
			Address <i>Laurel Md</i>		
Accident or Suicide?					



Name

In Full

Dorothy Isabel Logan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Alberton		County Howard		MARYLAND	
Date of death		1906	Month Dec	Day 18	Age 3	Years 6	Months 24
Sex Female		Color or Race White		Birth-place Alberton, Md.			
Occupation				Where Residing if not at place of death Washington D.C.			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Ernest R. Logan		Father's Birthplace Md.					
Mother's Maiden Name Bessie A. Jefferson		Mother's Birthplace Va.					
Name of person giving information Mrs. Ida Logan		How related to deceased Grandmother					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Membranous Erythema	How long	48 hours (?)
Immediate	Suffocation	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Wm. B. Gambrell	
Address		Alberton, Md.	
Accident or Suicide?			





Name  
in  
Full

Ellen Loughran

## CERTIFICATE OF DEATH

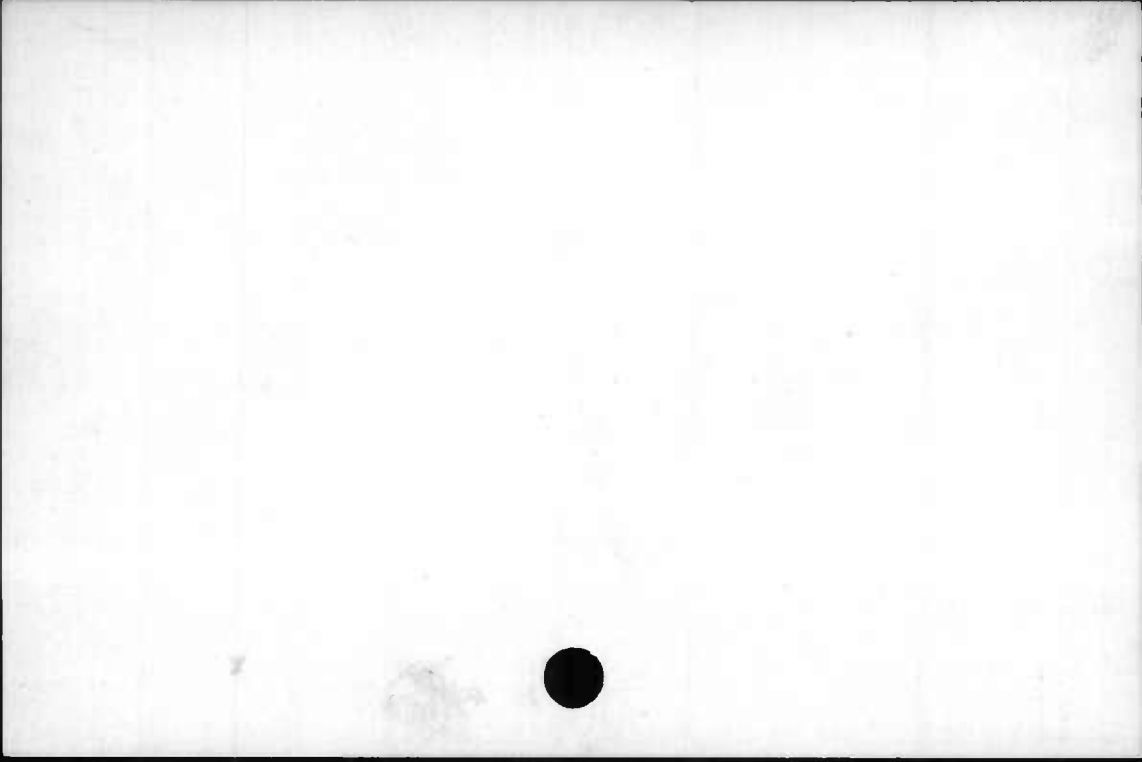
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Elliot</i> <sup>Town</sup> <i>city</i>		<i>Howard</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	<i>Dec</i> <sup>Month</sup>	<i>30</i> <sup>Day</sup>	<i>48</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>County Armagh</i>		
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>Elliot city</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Loughran</i>				
Father's Name <i>James Rock</i>	Father's Birthplace <i>County Armagh</i>				
Mother's Maiden Name <i>Ann Rock</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>John Loughran</i>	How related to deceased <i>husband</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

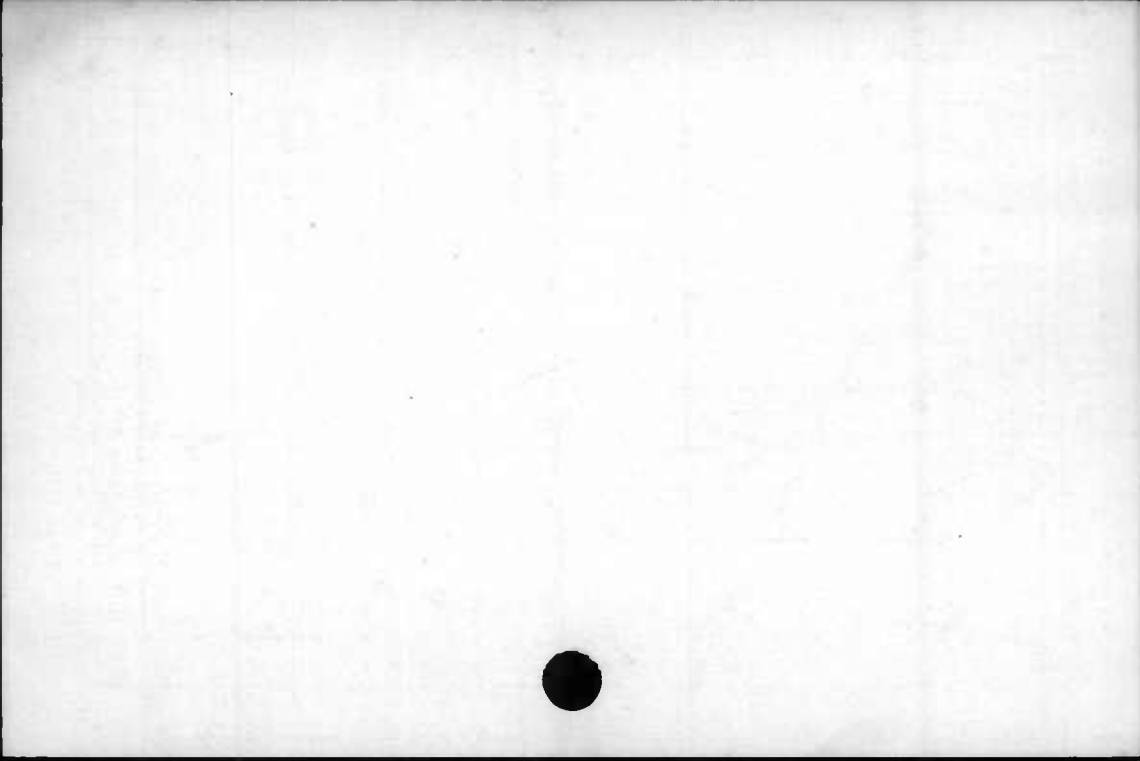
Primary <i>Acute Carditis</i>	How long <i>6 m</i>
Immediate <i>Paralysis</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos B. Dring</i>
	Address <i>Elliot city</i>
Accident or Suicide?	



Name in Full		Town				County		CERTIFICATE OF DEATH			
		Died at <i>near Laurel</i>				<i>Moore</i>		MARYLAND			
		Date of death	1906	Month 12	Day 4	Age	Years	Months	Days	12 hours	
		Sex	<i>Male</i>		Color or Race	<i>Black</i>		Birth- place	<i>near Laurel</i>		
		Occupation	<i>none</i>			Where Residing if not at place of death		<i>near Laurel</i>			
		Married, Single or Widowed	<i>Single</i>			Name of Wife or Husband					
		Father's Name	<i>Dennis Moore</i>					Father's Birthplace	<i>Howard Co. Md</i>		
		Mother's Maiden Name	<i>Fannie Watkins</i>					Mother's Birthplace	<i>Laurel Md</i>		
		Name of person giving In formation	<i>Dennis Moore</i>					How related to deceased	<i>father</i>		
CAUSES OF DEATH											
		Primary						How long			
		Immediate	<i>Heart failure</i>					How long	<i>10 hours</i>		
		Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>					Signature of Physician	<i>Dr. P.C. Harley</i>		
								Address	<i>Laurel, Md.</i>		
		Accident or Suicide?									

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mary Virginia Pomeroy

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *Savan* <sup>County</sup> *Howard*

Date of death 190 <sup>Month</sup> *6* <sup>Day</sup> *31* Age <sup>Years</sup> *32* <sup>Months</sup> *7* <sup>Days</sup> *27*

Sex *Female* Color or Race *White* Birth-place *VA*

Occupation *Housewife* Where Residing If not at place of death *Savan*

Married, Single or Widowed *Married* Name of Wife or Husband *James H. Pomeroy*

Father's Name *Charles O'Connor* Father's Birthplace *VA*

Mother's Maiden Name *Mary E. Mann* Mother's Birthplace *VA*

Name of person giving information *Mary E. O'Connor* How related to deceased *Mother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Chronic Bronchitis* How long *2 years*

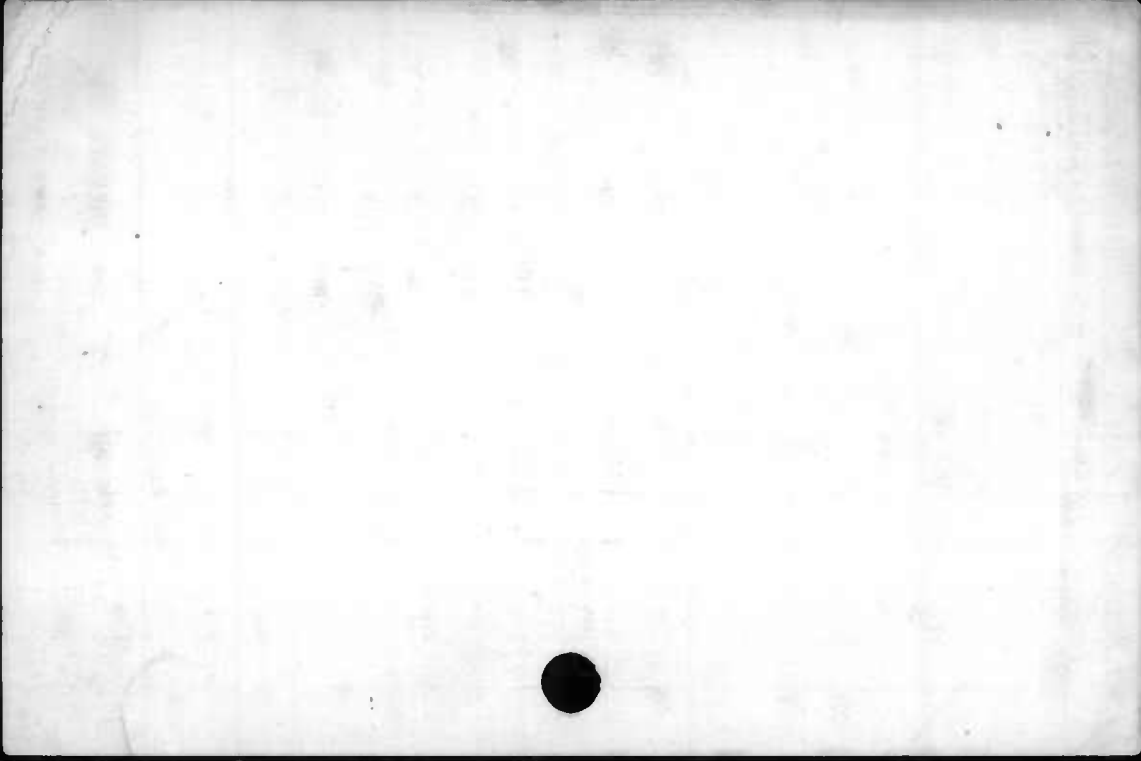
Immediate *Exhaustion* How long *progressive*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *[Signature]*

Address *Savage Md.*

Accident or Suicide? *Neither*



Name  
in  
Full

## CERTIFICATE OF DEATH

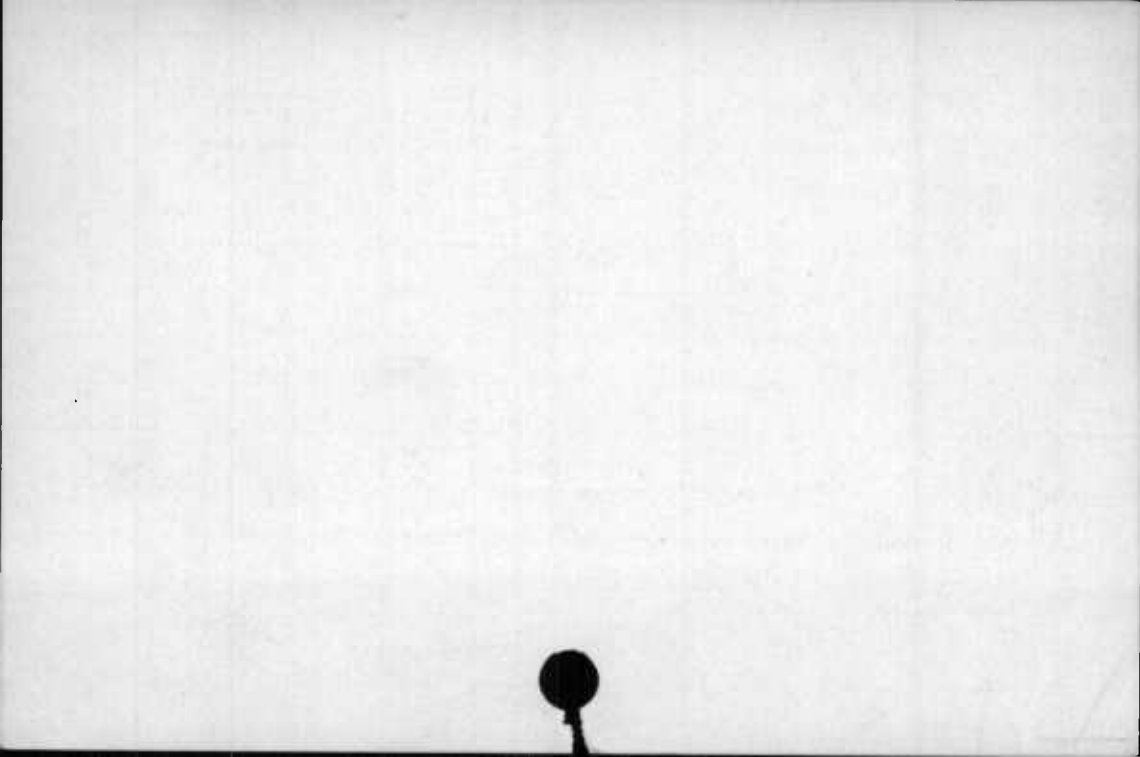
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Nicholas Lee Selby</i>		Town <i>Lisbon</i>		County <i>Howard.</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1906 Dec. 12</i>		<i>10</i>		<i>10</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Lisbon, Md.</i>			
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i></i>				Name of Wife or Husband <i></i>			
Father's Name <i>Howard C. Selby</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Mary C. Hobbs</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Howard C. Selby</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Heart Malformation (patent Foramen ovale)</i>	How long	<i>Conjunctal</i>
Immediate	<i>Asthma</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. W. Lang</i>	
		Address <i>Lisbon Md.</i>	
Accident or Suicide?			





Name  
in  
Full

Edgar M. Smallwood Jr

## CERTIFICATE OF DEATH

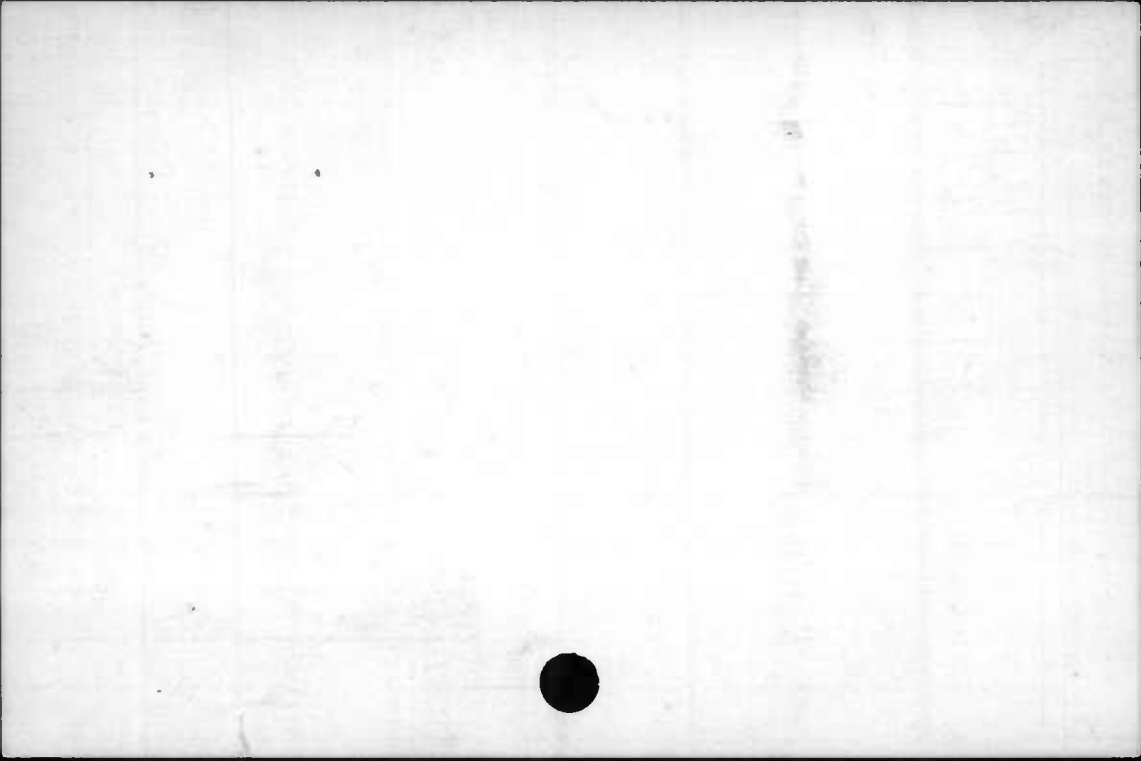
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Dorsey P.O.</i>		Town <i>Howard</i>		County <i>Howard</i>		MARYLAND	
Date of death	1906	Month	Dec	Day	17	Years	2
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>Md.</i>		Months	5
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Days		5	
Married, Single <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>Md.</i>		Mother's Birthplace <i>Md.</i>	
Father's Name <i>Edgar M. Smallwood</i>		Mother's Maiden Name <i>May Nichols</i>		Name of person giving information <i>Clarence Smallwood</i>		How related to deceased <i>Uncle</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute lobar pneumonia</i>	How long	<i>3 days</i>
Immediate	<i>Heart Failure</i>	How long	<i>6 or 8 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm. R. Eareckson,</i>	
		Address <i>Eek Ridge, Md.</i>	
Accident or Suicide? <i>—</i>			



Name  
in  
Full

Mary Jane Williams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Savage</i>		County <i>Howard</i>		MARYLAND	
Date of death <i>1904</i>	Month <i>12</i>	Day <i>22</i>	Age <i>67</i>	Years <i>9</i>	Months <i>16</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth- place <i>Md</i>		
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>Savage</i>				
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>John F. Williams</i>				
Father's Name <i>Charles R. Owen</i>	Father's Birthplace <i>Md</i>		Mother's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Sarah E. Horlton</i>	Name of person giving information <i>Albert E. Williams</i>		How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Gastro-Enteritis</i>	How long <i>2 mos</i>
Immediate <i>Exhaustion</i>	<i>progressive</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. L. Hutchinson M.D.</i>
	Address <i>Savage Md</i>
Accident or Suicide? <i>Neither</i>	

